Alabama Medicaid DUR Board Meeting

Minutes

July 26, 2006

Attendees: Rob Colburn, Christina Daniels, Darin Elliott, Kevin Green, Rhonda Harden, Clemice Hurst, Jimmy Jackson, Tiffany Minnifield, Bernie Olin, Steven Rostand, Kevin Royal, John Searcy, Paula Thompson, Jerome Harrison

Absent: Kelli Littlejohn

Rob Colburn, chair, called the meeting to order at 1:00pm.

Review and Adoption of Minutes of April 26, 2006 meeting: Rob Colburn asked if there were any additions, deletions or changes to the minutes of the April 26, 2006 meeting. No changes or additions were brought to the attention of the Board. Rob asked for a motion to approve the minutes as presented. Paula Thompson so moved and Jimmy Jackson seconded. The motion passed by a voice vote with no audible dissenters. The minutes were adopted as written.

DUR Update: Christina Daniels began the DUR Update by reviewing reports for the months of March, 2006; April, 2006; and May, 2006. For the month of March, Christina noted that there were 13,791 manual PA requests and 13,770 electronic PA requests. She noted that the sum of those two numbers does not equal the grand total of requests for PAs and overrides. She explained that in the first report, HID is only considering non-duplicate electronic requests. This does change the numbers slightly. Also in March, it was noted that two requests for acne products were approved. Although Alabama Medicaid does not cover acne medications, two requests for Amnesteem® were approved by the Medical Director; both for a patient with a diagnosis of malignant neuroblastoma. Christina then reviewed the Monthly Help Desk Report, PA and Override Response Time Ratio Report and noted that HID was within the time requirements for the month of March. She discussed the Top 25 Drugs Based on Number of Claims and also the Top 25 Drugs Based on Claims Cost. She also reviewed the Top 15 Therapeutic Classes by Total Cost of Claims.

For the months of April and May, although the Synagis season had ended, HID received nine requests for Synagis. All were retroactive requests for dates of service within the official Synagis season and were appropriately approved according to guidelines. Christina then reviewed the Monthly Help Desk Report, PA and Override Response Time Ratio Report, the Top 25 Drugs, and the Top 15 Therapeutic Classes for the months of April and May.

Quarterly Reports: Christina reviewed the Program Summary. She reviewed the three month assessments for the October 1 through December 31, 2005 and the January 1 through March 31 time periods. She noted a prescription claims cost of $162,997,850.69 and an average paid per recipient per month of $223.56 in the October 1 through December 31 time period. Comparatively, for the January 1, 2006, through March 31, 2006, time period she noted a prescription claims cost of $97,284,681.30 and an average paid per recipient per month of $164.85. She noted that the decrease in the average paid per prescription per month is due to the

implementation of Medicare Part D. Christina then reviewed the Cost Management Analysis reports and noted a drop of about 40% in the number of prescriptions from December, 2005, to January, 2006. This also is due to the start of the Medicare drug program. From the Drug Analysis report, Christina noted 59.18% generic utilization, 28.12% brand single source, and 11.91% brand multi-source utilization for the first quarter of 2006.

Intervention Activity Report: For the second quarter of 2006, Christina reported that 493 profiles were reviewed and 486 letters were sent. Responding to a request from the P&T Committee, the DUR Board reviewed and implemented criteria relating to the potential misuse of carisoprodol. That criteria was the focus of the RDUR intervention in the second quarter educational mailing. To date, 147 responses (30%) have been received. Sixty four physicians reported that they would reassess and modify drug therapy, and four made appointments with patients to discuss therapy. Of the total responses, 85 physicians reported that they found the letters "useful" or "extremely useful." Christina stated that this was an extremely positive response to the intervention letters. Overutilization of Carisoprodol will be used again for the intervention letters in the next quarter. Discussion followed regarding carisoprodol and the potential for abuse/misuse. The members felt that although the educational letters were well-received, more stringent restrictions on the drug are appropriate. A motion was made, and seconded that the DUR Board will make a formal request to the Medicaid Commissioner to place generic Soma on PA due to potential for abuse. A voice vote in favor of the motion was unanimous. There were no audible dissenters.

Yearly Cost Savings Summary: Christina discussed the RDUR Impact Assessment and Cost Savings Analysis report that is reviewed by CMS on a yearly basis. The report shows that for the time period of October 1, 2004, to September 30, 2005, there was an estimated cost savings of $456,379 that was directly attributable to the RDUR program. This translates as a return on investment in drug cost savings of 506% or, for every $1 spent, the state saves $5.06. During the last year, clinical criteria identified 1,678 potential drug therapy problems and clinical pharmacists confirmed drug therapy issues with 1,270 recipients. 1,960 alert letters were mailed to providers over the course of the year, with a 32% provider response rate.

Proposed Criteria: Christina presented proposed criteria, Utilization of Zithromax and Risperdal Consta, to the Board. This criteria set will be used as a focus intervention in October 2006. She also reviewed 45 sets of criteria that will be added to the base set of criteria; those deferred from the last meeting and three sets relating to Zithromax and Risperdal Consta. Discussion of the criteria followed. The Board agreed to table the Memantine/Underuse criteria (May 06) until the next DUR meeting. Two criteria sets were rejected; Rosiglitazone/Therapeutic Appropriateness (February 2006), and Desoximetasone Ointment/Therapeutic Appropriateness (June 2006). The Board agreed to amend four sets of criteria as follows: Beta-blockers/Therapeutic Appropriateness (February 2006) will have Carteolol deleted from the Util A list; Ranolazine/Renal Impairment (June 2006) will be amended to read "*severe* renal impairment" in the Util B column; Azithromycin/Appropriate Use (June 2006) will be amended to read "Azithromycin therapy is not FDA approved for twice daily dosing"; and Azithromycin/Appropriate Use (June 2006) will be amended to read "Azithromycin therapy is not FDA approved for duration of 7 days or longer." Ballots were distributed and Board members were instructed to submit their written votes on the criteria sets.

Review of CNS Activity and Letters: In response to a request at the previous DUR Board Meeting, Clemice Hurst presented information on the CNS program to the Board. Clemice pointed out that CNS, in conjunction with the Alabama Medicaid Agency, monitors behavioral health prescribing patterns and tries to improve the quality of those prescribing practices based on best practice guidelines. By doing so, the agency hopes to improve patient adherence and improve quality of care. Clemice provided a detailed summary of the CNS program.

Medicaid Update: Tiffany Minnifield began the DUR Update by calling Board members attention to the Medicaid folder provided. She made note of the PDL Reference Tool, Therapeutic Alternatives List, "Medicaid Matters" newsletter, Max Units List and notes from the last P & T meeting contained in the packet. She then announced that Board members may apply online to be part of the Medicaid "listserv". Listserv is a convenient way to communicate with Medicaid staff and to be notified of Agency updates. She reminded Board members to fill out vouchers before leaving and to update all contact information.

P & T Committee Update: Clemice Hurst announced that the Quarterly PDL Update will be effective August 1. For the antihypertensives and antidiabetic agents, prior therapies now must be prescribed and preferred agents. The next P & T meeting will be held August 23, and will cover the estrogen and antidiabetic agent classes. Rozerem will be reviewed as a single entity.

The next DUR meeting date was set for October 25, 2006. A motion was made to adjourn the meeting by Jerome Harrison, and seconded by Jimmy Jackson. The meeting was adjourned at 2:30pm.

Ballots were tallied after the meeting. As agreed upon by the Board, Memantine/Underuse (May 2006) criteria was deferred until next meeting. Rosiglitazone/Therapeutic Appropriateness (February 2006) and Desoximetasone Ointment/Therapeutic Appropriateness (June 2006) were rejected. Four sets of criteria were approved, amended as described above. The remaining 38 sets of criteria were approved as written.

Respectfully Submitted,

Christina Daniels, PharmD

Christina Daniels, Pharm D.

ALABAMA MEDICAID
RETROSPECITVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
JANUARY 2006

Recommendations	*Approved*	*Approved as amended*	*Rejected*

1. Avinza / Therapeutic Appropriateness ___√_____ _____ _____

Alert Message: Patients must not consume alcoholic beverages while on Avinza (morphine extended-release) therapy. Additionally, patients must not use prescription or non-prescription medications containing alcohol while on Avinza therapy. Consumption of alcohol while taking Avinza may result in the rapid release and absorption of a potentially fatal dose of morphine.
Conflict Code: TA – Therapeutic Appropriateness
Severity: Major (Black Box Warning)

Util A	Util B	Util C
Avinza	Alcoholism (ICD-9's)	
	Alcohol Abuse (ICD-9's)	
	Alcohol-Containing Medications	

References:
MedWatch - The FDA Safety Information and Adverse Event Reporting Program, 2005.
Avinza Prescribing Information, Oct. 2005, Ligand Pharmaceuticals Inc.

2. Ambien CR / Overutilization ____√____ _____ _____

Alert Message: Ambien CR (zolpidem extended-release) may be over-utilized. The recommended dose of extended-release zolpidem in non-elderly adults is 12.5 mg immediately before bedtime.
Conflict Code: HD – High Dose
Severity: Major

Util A	Util B	Util C
Zolpidem control-release		

Max Dose: 12.5 mg
Age Range: 0 – 64 years of age

References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.
Ambien CR, Sept. 2005, Sanofi-Synthelabo Inc.

3. Ambien CR / Overutilization (Hepatic Impairment) ____√____ _____ _____

Alert Message: Ambien CR (zolpidem extended-release) may be over-utilized. The recommended dose of zolpidem in patients with hepatic impairment is 6.25 mg.
Conflict Code: ER - Overutilization
Severity: Major

Util A	Util B	Util C (Inclusive)
Zolpidem extended-release		Hepatic Impairment

Max Dose: 6.25 mg

References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.
Ambien CR Prescribing Information, Sept. 2005, Sanofi-Synthelabo Inc.

4. Ultram CR / Overutilization ____√____ _____ _____

Alert Message: Ultram CR (extended-release tramadol) may be over-utilized. The manufacturer's recommended maximum daily dose is 300mg.
Conflict Code: ER - Overutilization
Severity: Major

Util A	Util B	Util C
Tramadol Extended -Release		

Max Dose: 300 mg

References:
Ultram CR Prescribing Information, Dec. 2005, Ortho McNeil, Inc.

ALABAMA MEDICAID
RETROSPECITVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
FEBRUARY 2006

Recommendations	*Approved*	*Approved as amended*	*Rejected*
1. Rosiglitazone / Therapeutic Appropriateness	_____	_____	____√____

Alert Message: Post-marketing reports suggest that Avandia/Avandamet/Avandaryl (rosiglitazone-containing products) may cause new onset and worsening of diabetic macular edema. Concurrent peripheral edema may also occur in these patients. Macular edema resolved or improved, in some cases, following discontinuation of the drug or dose reduction.
Conflict Code: TA – Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Rosiglitazone		

References:
MedWatch: The FDA Safety Information and Adverse Event Reporting Program, 2006.

2. Beta Blockers / Therapeutic Appropriateness	_____	___√____	_____

Alert Message: Non-selective beta-blockers should be used with caution in patients with diabetes. These agents may mask the signs and symptoms of hypoglycemia and delay recovery time. Beta blockade also reduces the release of insulin in response to hyperglycemia; it may be necessary to adjust the dose of antidiabetic drugs. Cardioselective beta-blockers are preferred due to the decreased risk of adverse effects on glucose regulation.
Conflict Code: TA - Therapeutic Appropriateness
Drug/Disease:

Util A	Util B	Util C (Negating)
Propranolol	Diabetes (Drugs & ICD9s)	Betaxolol
Penbutolol		Bisoprolol
Pindolol		Atenolol
Timolol		Metoprolol
Nadolol		Acebutolol

References:
Facts & Comparison, 2005 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.

ALABAMA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
MAY 2006

Criteria Recommendations	*Approved*	*Approved as amended*	*Rejected*
1. Memantine / Underuse	_____	_____	**Deferred**

Alert Message: After reviewing your patient's refill frequency of Namenda (memantine) we are concerned that they may be non-adherent to the prescribed dosing regimen which may lead to sub-therapeutic effects.
Conflict Code: LR - Underuse Precaution
Severity: Major
Drugs:

Util A	Util B	Util C
Memantine		

References:
Namenda Product Information, Oct. 2003, Forest Laboratories, Inc.

2. Duloxetine / Hepatic Insufficiency	___√___	_____	_____

Alert Message: It is recommended that Cymbalta (duloxetine) not be administered to patients with any hepatic insufficiency. These patients experience decreased duloxetine metabolism and elimination. After a single 20 mg dose of duloxetine cirrhotic patients with moderate liver impairment had a mean plasma clearance about 15% that of age-and gender-matched healthy subjects, a 5-fold increase in AUC, and a half-life approximately three times longer.
Conflict Code: MC – Drug (Actual) Disease Precaution
Severity: Major
Drugs:

Util A	Util B	Util C
Duloxetine	Hepatic Insufficiency	

References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

3. Duloxetine / End Stage Renal Disease	___√___	_____	_____

Alert Message: Cymbalta (duloxetine) is not recommended in patients with severe renal impairment (CrCl < 30ml/min) or end stage renal disease. A single 60mg dose of duloxetine raised the AUC of its major metabolites 7-9 fold in a study population. Further increases of these metabolites, excreted in urine, are expected with multiple dosing.
Conflict Code: DB - Drug-Drug Marker and/or Diagnosis
Drugs:

Util A	Util B	Util C
Duloxetine	End Stage Renal Disease	
	Sevelamer	
	Paricalcitol	
	Calcitriol	

References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

Criteria Recommendations	*Approved*	*Approved as amended*	*Rejected*

4. Duloxetine / MAO Inhibitors ___√___ _____ _____

Alert Message: The concurrent use of Cymbalta (duloxetine) and monoamine oxidase inhibitors is contraindicated due to the risk for developing serotonin syndrome, which may include hyperthermia, tremor, myoclonus, and irritability. It is recommended that duloxetine not be used within 14 days of discontinuing treatment with an MAOI, and at least 5 days should be allowed after discontinuing duloxetine before starting an MAOI.
Conflict Code: DD – Drug/Drug Interaction
Severity: Major
Drugs:

Util A	Util B	Util C
Duloxetine	Phenelzine	
	Isocarboxazid	
	Tranylcypromine	

References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

5. Duloxetine / Thioridazine ___√___ _____ _____

Alert Message: Cymbalta (duloxetine) and thioridazine should not be co-administered. Duloxetine is a moderate inhibitor of CYP 2D6 and concurrent use with thioridazine, a CYP 2D6 substrate, may increase the risk of serious ventricular arrhythmias and sudden death associated with elevated plasma levels of thioridazine.
Conflict Code: DD – Drug/Drug Interaction
Severity: Major

Util A	Util B	Util C
Duloxetine	Thioridazine	

References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

6. Duloxetine / Narrow-Angle Glaucoma ___√___ _____ _____

Alert Message: Cymbalta (duloxetine) should be used with caution in patients with controlled narrow-angle glaucoma and is contraindicated in patients with uncontrolled narrow-angle glaucoma. In clinical trials, duloxetine has been shown to increase the risk of mydriasis.
Conflict Code: MC – Drug (Actual) Disease Precaution
Severity: Moderate
Drugs:

Util A	Util B	Util C
Duloxetine	Narrow Angle Glaucoma	

References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

7. Duloxetine / Fluvoxamine ___√___ _____ _____

Alert Message: Cymbalta (duloxetine) should be used with caution in patients receiving Luvox (fluvoxamine), a potent CYP 1A2 inhibitor. Elimination of duloxetine is mainly through hepatic metabolism involving P450 isozymes, CYP2D6 and CYP1A2. Concurrent use of these agents resulted in an approximate 6 fold increase in the AUC and a 2.5 fold increase in the Cmax of duloxetine.
Conflict Code: DD – Drug/Drug Interaction
Severity: Moderate
Drugs:

Util A	Util B	Util C
Duloxetine	Fluvoxamine	

References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

Criteria Recommendations	*Approved*	*Approved as amended*	*Rejected*

8. Duloxetine / Potent 2D6 Inhibitors ___√___ _____ _____

Alert Message: Cymbalta (duloxetine) should be used with caution in patients receiving potent CYP 2D6 inhibitors, (paroxetine, fluoxetine and quinidine). The concurrent use of these agents may result in elevated concentrations of duloxetine.
Conflict Code: DD – Drug/Drug Interactions
Severity: Moderate
Drugs:

Util A	Util B	Util C
Duloxetine	Paroxetine	
	Fluoxetine	
	Quinidine	

References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

9. Duloxetine / Certain Tricyclic Antidepressants. ___√___ _____ _____

Alert Message: Cymbalta (duloxetine) should be used with caution in patients receiving certain tricyclic antidepressants (desipramine, amitriptyline, nortriptyline and imipramine). Duloxetine is a moderate inhibitor of CYP2D6 and concurrent use with these agents may result in elevated TCA plasma concentrations. TCA plasma levels may need to be monitored and TCA dose reduction may be necessary.
Conflict Code: DD – Drug/Drug Interaction
Severity: Moderate
Drugs:

Util A	Util B	Util C
Duloxetine	Nortriptyline	
	Imipramine	
	Amitriptyline	
	Desipramine	

References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

10. Duloxetine / CYP2D6 Metabolized Drugs ___√___ _____ _____

Alert Message: Cymbalta (duloxetine) should be used with caution in patients receiving drugs that are extensively metabolized by CYP2D6 isozyme and which have a narrow therapeutic index (Type 1C antiarrhythmics and phenothiazines). Duloxetine is a moderate inhibitor of CYP2D6 and concurrent use with these agents may result in elevated plasma concentrations of the CYP2D6 substrate.
Conflict Code: DD – Drug/Drug Interaction
Severity: Moderate
Drugs:

Util A	Util B	Util C
Duloxetine	Propafenone	
	Flecainide	
	Chlorpromazine	
	Fluphenazine	
	Mesoridazine	
	Perphenazine	
	Prochlorperazine	
	Trifluoperazine	

*Excluded thioridazine – has individual criteria

References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

Criteria Recommendations	*Approved*	*Approved as amended*	*Rejected*

11. Duloxetine / High Dose ___√___ _____ _____

Alert Message: Cymbalta (duloxetine) may be over-utilized. The recommended dosing range is 40 mg to 60 mg a day. There is no evidence that doses greater than 60 mg/day confer any additional benefit.
Conflict Code: HD – High Dose
Drugs:

Util A	Util B	Util C
Duloxetine		

Max Dose: 60mg/day
References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.
Facts & Comparisons, 2006 Updates.

12. Duloxetine / Under-use ___√___ _____ _____

Alert Message: After reviewing your patient's refill frequency for Cymbalta (duloxetine) we are concerned that they may be non-adherent to the prescribed dosing regimen which may lead to sub-therapeutic effects.
Conflict Code: LR – Under-use Precaution
Severity: Major
Drugs:

Util A	Util B	Util C
Duloxetine		

*Receive 65 day supply or less in 90 days.
References:
Cymbalta Product Information, Dec. 2005, Eli Lilly and Company.

13. Estazolam/ Azole Antifungals ___√___ _____ _____

Alert Message: Estazolam use is contraindicated with the potent CYP3A4 enzymes inhibitors, ketoconazole or itraconazole, due to their inhibition of estazolam metabolism. Concomitant use of these agents may result in estazolam toxicity.
Conflict Codes: DD – Drug/Drug Interaction
Severity: Major - 10
Drugs:

Util A	Util B	Util C
Estazolam	Ketoconazole	
	Itraconazole	

References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Dec. 2005.
ProSom Product Information, Jan. Dec. 2005, Abbott Laboratories.

14. Estazolam/ Certain 3A4 inhibitors (Moderate) ___√___ _____ _____

Alert Message: Estazolam, a CYP 3A4 substrate, should be prescribed with caution in patients receiving drugs that exhibit significant inhibition of 3A4 metabolism (e.g., nefazodone, fluvoxamine, cimetidine, diltiazem, isoniazid and some macrolide antibiotics). Concomitant therapy may result in elevated estazolam concentrations. Consideration should be given to appropriate dosage reduction of estazolam.
Conflict Codes: DD – Drug/Drug Interaction
Severity: Moderate - 5
Drugs:

Util A	Util B		Util C
Estazolam	Nefazodone	Erythromycin	
	Fluvoxamine	Clarithromycin	
	Cimetidine		
	Diltiazem		
	Isoniazid		

References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Dec. 2005.
ProSom Product Information, Jan. Dec. 2005, Abbott Laboratories.

Criteria Recommendations	*Approved*	*Approved as amended*	*Rejected*

15. Estazolam/ CYP3A4 Inducers ___√___ _____ _____

Alert Message: Estazolam, a CYP 3A4 substrate, should be used with caution in patients receiving potent CYP3A4 enzymes inducers (e.g., carbamazepine, phenytoin, rifampin and barbiturates). While no in-vivo drug-drug interaction studies have been conducted between estazolam and inducers of CYP3A it would be expected that concomitant use would decrease estazolam concentrations. Monitor for signs of benzodiazepine clinical effectiveness.
Conflict Codes: DD – Drug/Drug Interaction
Severity: Moderate - 5
Drugs:

Util A	Util B		Util C
Estazolam	Carbamazepine	Phenobarbital	
	Phenytoin	Butalbital	
	Rifampin	Butabarbital	
	Mephobarbital		
	Secobarbital		
	Pentobarbital		

References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Dec. 2005.
ProSom Product Information, Jan. Dec. 2005, Abbott Laboratories.

16. Narcotics/Sickle Cell/Hydroxyurea ____√___ _____ _____

Alert Message: This patient has sickle cell anemia and appears to be receiving only narcotics for associated pain. The patient may benefit from the addition of hydroxyurea for pain prevention. Hydroxyurea has been shown to reduce the frequency and severity of sickle cell crises, chest syndrome and transfusion requirements. Re-evaluation of the patient's condition and treatment regimen may be necessary.
Conflict Code: TA - Therapeutic Appropriateness
Drugs

Util A	Util B	Util C (Negating)
Morphine	Sickle Cell Anemia	Hydroxyurea
Meperidine		
Hydromorphone		
Oxymorphone		
Codeine		
Hydrocodone		
Oxycodone		
Levorphanol		
Methadone		
Fentanyl		
Propoxyphene		
Opium		
Pentazocine		

References:
Facts & Comparisons, Dec. 2005 Updates.
Micromedex Healthcare Series, DISEASEDEX Emergency Medicine Clinical Reviews, Dec. 2005.
Steinberg MH, Barton F, Castro O, et. al. Effect of Hydroxyurea on Mortality and Morbidity in Adult Sickle Cell Anemia. *JAMA.* 2003;289:1645-1651

ALABAMA MEDICAID
RETROSPECITVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
JUNE 2006

Recommendations	***Approved***	***Approved as amended***	***Rejected***

1. Betamethasone Dipropionate Augmented / Therapeutic Appropriateness ___√___ _____ _____

Alert Message: Use of betamethasone dipropionate augmented in pediatric patients 12 years of age and younger is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Betamethasone Dipropionate Augmented		
Cream		
Lotion		
Gel		
Ointment		

(Brand Names: Diprolene, Diprolene AF)

Age Range: 0 – 11 years of age

References:
Facts & Comparisons, 2006 Updates.
Diprolene Gel Prescribing Information, Jan. 2000, Schering Corporation.
Diprolene Lotion Prescribing Information, Sept. 2003, Schering Corporation.
Diprolene AF Cream Prescribing Information, June 2004, Schering Corporation.

2. Clobetasol / Therapeutic Appropriateness ____√___ _____ _____

Alert Message: Use of clobetasol propionate in pediatric patients younger than 12 years of age is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Clobetasol Cream		
Cream		
Ointment		
Gel		
Emollient Cream		
Foam		

Age Range: 0 – 11 years of age

References:
Physicians' Desk Reference, Micromedex Healthcare Series, 2006.
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.

Recommendations	*Approved*	*Approved as amended*	*Rejected*

3. Clobetasol / Therapeutic Appropriateness ___√___ _____ _____

Alert Message: Use of clobetasol propionate lotion, spray and shampoo in pediatric patients 18 years of age and younger is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Clobetasol Lotion		
Clobetasol Spray		
Clobetasol Shampoo		

Age Range: 0 – 18 years of age

References:
Physicians' Desk Reference, Micromedex Healthcare Series, 2006.
Clobex Spray Prescribing Information, Oct. 2005, Galderma Laboratories, L.P.
Clobex Shampoo Prescribing Information, Sept. 2004, Galderma Laboratories, L.P.
Clobex Lotion Prescribing Information, Oct. 2005, Galderma Laboratories, L.P.

4. Diflorasone Diacetate / Therapeutic Appropriateness ___√___ _____ _____

Alert Message: Use of diflorasone diacetate ointment and cream in pediatric patients 18 years of age and younger is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Diflorasone Diacetate		
Ointment		
Cream		

Age Range: 0 – 18 years of age

References:
Psorcon E Prescribing Information, Dec. 2001, Dermik Laboratories, Inc.
Psorcon Prescribing Information, Dec. 2001, Dermik Laboratories, Inc.

5. Halobetasol Propionate / Therapeutic Appropriateness ___√___ _____ _____

Alert Message: Use of halobetasol propionate cream and ointment in pediatric patients younger than 12 years of age is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Halobetasol		

Age Range: 0 – 11 years of age
References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.
Ultravate Prescribing Information, April 2003, Bristol-Myers Squibb Company.

Recommendations	*Approved*	*Approved as amended*	*Rejected*

6. Amcinonide / Therapeutic Appropriateness ___√___ _____ _____

Alert Message: Amcinonide ointment, cream, and lotion should be used with caution in pediatric patients 18 years of age and younger. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Amcinonide		

Age Range: 0 – 18 years of age.

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.
AHFS Drug Information, 2006.
Cyclocort Prescribing Information, August 2002, Fujisawa Healthcare Inc.

7. Desoximetasone Ointment / Therapeutic Appropriateness _____ _____ ___√___

Alert Message: Use of desoximetasone ointment in pediatric patients younger than 10 years of age is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Desoximetasone Ointment		

**Discontinued but may be some left on market.

Age Range: 0 – 9 years of age.

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.

8. Desoximetasone Cream & Gel / Therapeutic Appropriateness ____√___ _____ _____

Alert Message: Desoximetasone cream or gel should be used with caution in pediatric patients 18 years of age and younger. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Desoximetasone Cream Gel		

Age Range: 0 – 18 years of age.

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.

Recommendations	*Approved*	*Approved as amended*	*Rejected*

9. Fluocinonide 0.1% Cream/ Therapeutic Appropriateness ___√___ _____ _____

Alert Message: Use of fluocinonide 0.1% cream in pediatric patients 18 years of age and younger is not recommended. Safety and efficacy in this population has not been established. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Fluocinonide		

Age Range: 0 – 18 years of age.

References:
Facts & Comparisons, 2006 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.
Vanos Prescribing Information, September 2005, Medicis, The Dermatology Company.

10. Halcinonide / Therapeutic Appropriateness ___√___ _____ _____

Alert Message: Halcinonide cream, ointment, and solution should be used with caution in pediatric patients 18 years of age and younger. Because of a larger skin surface area to body mass ratio, pediatric patients are at increased risk for HPA axis suppression and Cushing's syndrome when treated with topical corticosteroids. They are also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment.
Conflict Code: Therapeutic Appropriateness
Drugs/Disease:

Util A	Util B	Util C
Halcinonide		

Age Range: 0 – 18 years of age.

References:
Halog Prescribing Information, April 2003, Westwood Squibb Company, Inc.
Facts & Comparisons, 2006 Updates.

11. Ranolazine / High Dose ___√___ _____ _____

Alert Message: Ranexa (ranolazine) may be over-utilized. The maximum recommended daily dose of ranolazine is 2000 mg (1000 mg b.i.d.). Ranolazine has been shown to prolong the QTc interval in a dose-related manner. Baseline and follow-up ECGs should be obtained to evaluate effects on QT interval.

Conflict Code: HD – High Dose
Severity: Major
Drugs/Disease

Util A	Util B	Util C
Ranolazine		

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

Criteria Recommendations	*Approved*	*Approved as amended*	*Rejected*

12. Ranolazine / QT Prolongation ___√___ _____ _____

Alert Message: Ranexa (ranolazine) may have an additive effect on the QT interval and is contraindicated in patients with known QT prolongation (including congenital long QT syndrome, uncorrected hypokalemia), known history of ventricular tachycardia and in patients receiving drugs that prolong the QTc interval (e.g. Class Ia and III antiarrhythmics and antipsychotics).

Conflict Code: DB – Drug-Drug Marker and/or Diagnosis
Severity: Major
Drugs/Disease

Util A	Util B		Util C
Ranolazine	Quinidine	QT Prolongation	Levofloxacin
	Procainamide	Ventricular Arrhythmia	Moxifloxacin
	Disopyramide	Hypokalemia	Gemifloxacin
	Dofetilide	Thioridazine	Norfloxacin
	Sotalol	Ziprasidone	Sparfloxacin
	Amiodarone	Pimozide	Clarithromycin
	Flecainide	Erythromycin	Tocainide
	Propafenone	Mexiletine	Gatifloxacin
	Voriconazole		

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

13. Ranolazine / Hepatic Impairment ___√___ _____ _____

Alert Message: Ranexa (ranolazine) is contraindicated in patients with mild, moderate or severe liver disease. Ranolazine is extensively metabolized by the liver, as well as intestine, and hepatic dysfunction may increase the QTc-prolonging effect approximately 3-fold.

Conflict Code: MC - Drug (Actual) Disease Precaution
Drugs/Disease

Util A	Util B	Util C
Ranolazine	Hepatic Impairment	

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

14. Ranolazine / Potent CYP3A4 ___√___ _____ _____

Alert Message: Ranexa (ranolazine) is contraindicated in patients taking potent or moderately potent CYP3A inhibitors (e.g. diltiazem, azole antifungals, verapamil, macrolides, and protease inhibitors). Ranolazine is primarily metabolized by the CYP3A pathway and inhibition will increase ranolazine plasma levels and QTc prolongation.

Conflict Code: DD – Drug/Drug Interaction
Drugs/Disease

Util A	Util B			Util C
Ranolazine	Diltiazem	Erythromycin	Indinavir	
	Verapamil	Clarithromycin	Tipranavir	
	Ketoconazole	Azithromycin	Nelfinavir	
	Itraconazole	Dirithromycin	Fosamprenavir	
	Fluconazole	Ritonavir	Amprenavir	
	Voriconazole	Saquinavir	Atazanavir	

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

Criteria Recommendations	*Approved*	*Approved as amended*	*Rejected*

15. Ranolazine / Amlodipine, Beta Blockers & Nitrates ___√___ _____ _____

Alert Message: Ranexa should only be used in combination with amlodipine, beta blockers or nitrates.

Conflict Code: TA Therapeutic Appropriateness
Drugs/Disease

Util A	Util B	Util C (Negating)		
Ranolazine		Amlodipine	Nadolol	Isosorbide Dinitrate
		Atenolol	Propranolol	Isosorbide Mononitrate
		Acebutolol	Penbutolol	
		Bisoprolol	Pindolol	
		Betaxolol	Timolol	
		Metoprolol	Carteolol	

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

16. Ranolazine / Digoxin ____√___ _____ _____

Alert Message: Concomitant use of Ranexa (ranolazine) and digoxin, a P-glycoprotein (P-gp) substrate, may result in 1.5-fold increase in the digoxin plasma concentrations, Ranolazine is a P-gp inhibitor and the concurrent use of these agents may result in the increased absorption and deceased elimination of digoxin. Dose reduction of digoxin may be necessary.

Conflict Code: DD – Drug/Drug Interaction
Drugs/Disease

Util A	Util B	Util C
Ranolazine	Digoxin	

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

17. Ranolazine / Renal Impairment _____ ___√___ _____

Alert Message: The use of Ranexa (ranolazine) should be avoided in patients with severe renal impairment. In six subjects with severe renal impairment receiving ranolazine 500 mg b.i.d the mean diastolic blood pressure was increased approximately 10 to 15 mmHg. If ranolazine therapy is necessary monitor blood pressure regularly.

Conflict Code: MC – Drug (Actual) Disease Precaution
Drugs/Disease

Util A	Util B	Util C
Ranolazine	Severe Renal Impairment	

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

Criteria Recommendations	*Approved*	*Approved as amended*	*Rejected*

18. Ranolazine / P-gp Inhibitors ___√___ _____ _____

Alert Message: Concomitant use of Ranexa (ranolazine) and P-glycoprotein (P-gp) inhibitors (e.g. ritonavir, cyclosporine, erythromycin, and amiodarone) may result in elevated ranolazine plasma concentrations. Ranolazine is a P-gp substrate and inhibition of the efflux pump may result in the increased absorption of ranolazine.

Conflict Code: DD – Drug/Drug Interaction
Drugs/Disease

Util A	Util B		Util C
Ranolazine	Ritonavir	Diltiazem	Quinidine
	Cyclosporine	Felodipine	Nelfinavir
	Amiodarone	Saquinavir	Sirolimus
	Clarithromycin	Ketoconazole	Tacrolimus
	Cyclosporine	Itraconazole	Verapamil
	Erythromycin	Nicardipine	

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

19. Ranolazine / CYP2D6 Substrates ___√___ _____ _____

Alert Message: The concomitant use of Ranexa (ranolazine), a CYP2D6 inhibitor, with a CYP2D6 substrate (e.g. tricyclic antidepressants, some antipsychotics) may result in increased plasma concentrations of the CYP2D6 substrate. Dose reduction of the substrate may be necessary.

Conflict Code: DD – Drug/Drug Interaction
Drugs/Disease

Util A	Util B		Util C
Ranolazine	Amitriptyline	Haloperidol	
	Imipramine	Perphenazine	
	Clomipramine	Risperidone	
	Desipramine	Thioridazine	
	Nortriptyline		
	Venlafaxine		

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

20. Ranolazine / Simvastatin ____√___ _____ _____

Alert Message: The concomitant use of Ranexa (ranolazine) and Zocor (simvastatin), a P-glycoprotein (P-gp) substrate, may result in a 2-fold increase in plasma concentrations of simvastatin and its active metabolite. Ranolazine is a P-gp inhibitor and the concurrent use of these agents may result in the increased absorption of simvastatin. Dose reduction of simvastatin may be necessary.

Conflict Code: DD – Drug/Drug Interaction
Drugs/Disease

Util A	Util B	Util C
Ranolazine	Simvastatin	

References:
Ranexa Prescribing Information, Feb. 2006, CV Therapeutics, Inc.

ALABAMA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
JUNE 2006

Criteria Recommendations	*Approved*	*Approved as amended*	*Rejected*
1. Azithromycin / Appropriate Use Alert Message: Azithromycin therapy is not FDA approved for twice daily dosing. Conflict Code: ER - Overutilization Drugs/Disease Util A Util B Util C Azithromycin Day Supply: >6 days Daily Dose: B.I.D. for each strength of azithromycin References: Facts & Comparisons, 2006 Updates. Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006. Zithromax Prescribing Information, Jan. 2004, Pfizer Labs.	_____	___√___	_____
2. Azithromycin / Appropriate Use Alert Message: Azithromycin therapy is not FDA approved for duration of 7 days or longer. Conflict Code: TA – Therapeutic Appropriateness Drugs/Disease Util A Util B Util C Azithromycin Day Supply: >9 days References: Facts & Comparisons, 2006 Updates. Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006. Zithromax Prescribing Information, Jan. 2004, Pfizer Labs.	_____	___√___	_____
3. Risperdal Consta / Appropriate Use Alert Message: Different strengths of Risperdal Consta (risperidone long-acting injection) should not be combined in a single administration. Conflict Code: TD – Therapeutic Duplication Drugs/Disease Util A Util B Util C Risperdal Consta References: Risperdal Consta Prescribing Information, May 2006, Janssen, L.P. Facts & Comparisons, 2006 Updates. Micromedex Healthcare Series, Drugdex Drug Evaluations, 2006.	___√___	_____	_____

The minutes of the July 26, 2006 DUR Board Meeting have been reviewed and approved as submitted. The DUR Board recommendation is to continue utilization of carisoprodol criteria for the next cycle.

Carol Herrmann-Steckel, Commissioner (X) Approve ( ) Deny 9/7/06 Date

Kathy Hall, Deputy Commissioner (X) Approve ( ) Deny 8/29/06 Date

John Searcy, Medical Director (X) Approve ( ) Deny 8/29/06 Date